

THE COLLEGE OF ST. SCHOLASTICA
Duluth, Minnesota

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please Print)

NAME: _____ SSN: _____

NICKNAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ NAME OF SPOUSE (if married): _____

DEGREE: _____ DATE OF DEGREE: _____

RANK (faculty only): _____

RACE/ETHNIC GROUP: White Black Asian American
 Hispanic American Indian Multi-Racial

PLEASE CHOOSE ONE CATEGORY: HISPANIC/LATINO NON-HISPANIC/LATINO

NOTIFY IN CASE OF EMERGENCY: _____ TELEPHONE: _____

Signature: _____ Date: _____

For HR Use Only

Completed

- | | |
|---|--|
| <input type="checkbox"/> * 1. Employee Fact sheet | <input type="checkbox"/> 14. EAP brochures |
| <input type="checkbox"/> * 2. I-9 _____ filed | <input type="checkbox"/> 15. Travel policy (if needed) |
| <input type="checkbox"/> * 3. W-4 _____ sent to PR | <input type="checkbox"/> 16. Banking brochures |
| <input type="checkbox"/> 4. Exposure Control packet | <input type="checkbox"/> * 17. Automatic deposit/payroll slip |
| <input type="checkbox"/> 5. Overview of benefits | <input type="checkbox"/> [] Deposit slip attached _____ to PR |
| <input type="checkbox"/> 6. Benefit booklet | <input type="checkbox"/> 18. Banner Web Tour |
| <input type="checkbox"/> 7. PreferredOne Health Packet | <input type="checkbox"/> * 19. Parking permit information |
| <input type="checkbox"/> 8. Medicare Part D Information | <input type="checkbox"/> * 20. ID information |
| <input type="checkbox"/> 9. PreferredOne enrollment form _____ | <input type="checkbox"/> * 21. Faculty/staff directory |
| <input type="checkbox"/> 10. PreferredOne Direct Deposit _____ | <input type="checkbox"/> 22. Handbook Receipt _____ filed |
| <input type="checkbox"/> 11. Dental cards/info | <input type="checkbox"/> * 23. Reciprocity Exemption form |
| <input type="checkbox"/> 12. TIAA-CREF Authorization for Salary Reduction | <input type="checkbox"/> (WI residents only) _____ to PR |
| <input type="checkbox"/> 13. Savings Bond information | <input type="checkbox"/> 24. Background Check |

* Temporary/Adjunct employees

JOB TITLE: _____

INSURANCE EFFECTIVE DATE: _____

Banner ID _____

Completed:

PPAIDEN _____
PEEMPL _____
PDAEDN (taxes) _____